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ABSTRACT

The role of assessment teams in establishing a psychoeducational clinic in Hawaii is reviewed, along with the need for child study and consultation services. The objectives of such services are listed and the program is explained. Role descriptions of the multidisciplinary team are provided, including the roles of the team coordinator, visiting teacher (social worker), psychological examiner, diagnostic teacher, and speech, hearing, and language specialist. Qualifications of the team members are outlined; referral procedures and plans for the future are discussed. (JD)

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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CHILD STUDY AND CONSULTATION SERVICES IN THE HAWAII STATE DEPARTMENT OF EDUCATION: A SUMMARY AND PROGRESS REPORT

I. History of Child Study and Consultation Services

Child Study and Consultation Services is a psycho-educational clinic which is currently functioning as a special project within the Special Education Branch, Office of Instructional Services, Hawaii State Department of Education. Perhaps the original idea for a state diagnostic team came from an analytical study of state legislation which was conducted in the state about four years ago. One of the recommendations growing out of the study was that a central state diagnostic team be established to supplement diagnostic services in the districts.

In the Summer of 1966 an assessment team was established to provide diagnostic services for three schools which were at that time State schools (Linekona, Popukaina, and Diamond Head Schools). The need for such an assessment team was created by the de-centralization of special services personnel which had occurred just previous to that time. All speech-hearing teachers, school social workers, and psychological examiners had been transferred from the State Office to the district offices in September 1955, leaving the State operated schools without these ancillary services. Since that time, all three schools have been assigned to Honolulu School District rather than being administered by the State Office. The summer assessment team was established by a Federal grant under PL 89-313. The proposal for this grant, submitted by Dr. Hatsuko F. Kawahara, had pointed out that even prior to the de-centralization a shortage of staff in the State had resulted in inadequate diagnosis of children placed in these schools and a lack of needed periodic re-evaluation of these pupils. The files left by the Summer Assessment Team of 1966 show that a large number of children were seen, some of them for only limited testing and others for a rather extensive evaluation.

Another assessment team was established during part of the 1966-67 school year to follow up the work done the summer before. One of the recommendations of the second team was that consideration be given to the establishment of a permanent team to service not only children within the special schools, but others throughout the state also. This recommendation coincided with the one which had been made by the Analytical Study of State Legislation, mentioned earlier. Plans to implement this recommendation and establish a state psychoeducational team to improve identification and follow-up services began in 1967. In the spring of that year the United States

ED 037847

Office of Education Bureau for the Handicapped approved the use of E. S. E. A. Title VI Funds to establish the Special Education Services Center. The original proposal called for both instructional materials services and for a diagnostic team, but because the approval for the diagnostic team positions came late in the year, only the instructional materials services were fully implemented.

The 1969 Hawaii State Legislature appropriated $606,000 to improve identification and diagnostic services in special education. Thus state monies were made available for the formation of a central diagnostic team.

With the filling of the Educational Psychologist position in the early summer of 1969, a coordinator was available to spearhead the implementation of the team. Fortunately, in spite of limited time, it was possible to find persons to fill the positions. Thus, on September 1, 1969, the Child Study and Consultation Services became operational with a diagnostic team consisting of the following persons:

Dr. James M. Harris, Coordinator.
Mr. Leonard Van Epps, Psychological Examiner.
Mrs. Betty Watanabe, Visiting Teacher (Case Worker).
Mrs. Dorothy Phillips, Speech and Hearing Specialist.
Mrs. Wanda Jones, Diagnostic-Remedial Teacher.

Although the proposal for the diagnostic team called for a stenographer to service the professional positions, no such position has been established to date. For the first four months of operation it was necessary to borrow typing services from Dr. Kawahara's office and from Instructional Materials Services, but because of a severe shortage of clerical help the professional persons on the diagnostic team found it necessary to do a great deal of clerical type work which could have been turned over to a competent stenographer. Attempts to create a new position or to effect a transfer of a stenographer from another section of the department appeared to be futile. Therefore, although the position clearly called for a stenographer, the Child Study and Consultation team decided to accept the kind offer of Dr. Hatsuko Kawahara, Director of the Special Education Branch, of a typist position to provide regular service to the team. Accordingly, Mrs. Norma Wong was hired on December 29, 1969.

II. Need for Child Study and Consultation Services

A large proportion of the children in the State who are experiencing problems of learning and/or adjustment have not received the help which they need, either because their problems go undetected or because the ingredients for the remediation of the problems are not known or not available. Although ancillary personnel such as psychological examiners, school social

workers, and speech and hearing specialists are present in each district, the ratio of children to specialist in each of these areas is much too high. Also, the training of some of those who hold the positions is less than ideal. There is need for a more thorough and sophisticated appraisal for many of the children who are experiencing difficulty. Traditionally district specialists have tended to work relatively independently of one another, rather than combining their efforts in a multi-disciplinary approach. Although the addition of just one diagnostic team cannot do much to eliminate the great backlog of cases present in some of the districts, the intent of the State team has been primarily to model a multi-disciplinary approach to identification, diagnosis, and remediation. Successful implementation of this model in the districts of the State with the addition of new diagnostic teams, would do much to obviate the problems enumerated above. Supervision by the State team would be needed to establish uniform procedures and quality control.

III. Objectives of Child Study and Consultation Services

1. To model an inter-disciplinary approach to the identification and diagnosis of children with learning and/or adjustmental problems which may serve as a prototype for special services in all districts of the State.

2. To evaluate children in the State of Hawaii who are experiencing severe problems of learning and/or emotional and social adjustment, and to determine the causes of and needed remediation for these problems.

3. To follow up the evaluations made by working closely with teachers, parents, and others to help them to implement the recommednations which have been made.

4. To become familiar with, utilize, demonstrate, evaluate, and develop instructional materials for educational follow-up of those children evaluated.

5. To consult with the districts and suggest procedures which school and district personnel can use to screen out more effectively the children most in need of help so that attention can be given to their problems more quickly.

6. When the need requires, to refer the child on to other agencies for more intensive diagnosis or remediation than can be provided by the school.

7. To coordinate the services of other agencies with the school in meeting the needs of children referred to Child Study and Consultation Services.

8. To make recommendations to the districts with regard to special placement or programming for handicapped children.

9. To assist the districts in the reevaluation of children in special education classes who have not been evaluated for two years or more in order to find those who do not belong and should either be in a different type of program or should return to the regular classroom.

10. To improve record-keeping procedures and develop better methods of evaluating the effectiveness of services rendered.

11. To participate in workshops set up at the school, district, or State level for the purpose of providing pre-service or in-service training for teachers and other school personnel.

12. To provide a field training facility for college students who are studying to be special education teachers, counselors, school psychologists, and the like.

IV. Description of the Program

The Child Study and Consultation Services accepts from each district in the State referrals of children who: (1) appear to have problems which require a more intensive evaluation than is possible through regular district resources, or (2) have already been tested by district personnel, but further assessment not available through the district is needed. When such a referral is received a visit is made to the school to observe the child and how he operates in the classroom. In some cases suggestions for remediation can be made without an intensive evaluation being made. If a more intensive evaluation is deemed necessary, parents are contacted in order to explain to them the reasons for the evaluation and to have them sign the written consent form and a form authorizing the release of confidential information from other agencies that have worked with the child to the department of education and/or from the department of education to other agencies that the child might be referred to later. Parents are also interviewed so that a case history of the child may be obtained. Team members then meet to review available information about the child and to determine what other testing and evaluation is needed. When the evaluation is completed, a conference is held at the child's school as a basis for determining specific recommendations for the child. A written report is sent to the school and the district. Then the diagnostic teacher, and if appropriate, other team members, meet with the teacher to provide specific help in the implementation of the recommendations which have been made.

Often children's learning or adjustment problems are medically based. Therefore the child's family doctor is seen as a key person in whatever comprehensive evaluation is done. Close laison is initiated and maintained with him, and he is asked to provide any needed medical information or recommendations. This year Child Study and Consultation Services has negotiated contracts with both Straub Clinic and Children's Hospital for the re-evaluation of children in special education classes who have not been re-evaluated for 3 years or longer and for the evaluation of children who appear to be emotionally disturbed. Pediatric, psychiatric, and neurological assessments can be made under these contracts at no expense to parents. But before the referral is made to either of these agencies, the family doctor is contacted and his approval obtained.

In addition to accepting referrals for the evaluation of specific children, members of the diagnostic team also serve as consultants to the districts upon their request. The team has recommended a program which districts might use for a rapid screening of children who have been identified by their teachers as requiring help beyond what the teacher can give. Short tests are used in order to construct a profile which indicates areas of strength and weakness. Some educational programming can be done directly from the profile. Also children who are in need of a more complete evaluation can be identified. Such children can then be referred to the District Staff Specialist, Special Services, for evaluation by district personnel or referred on to Child Study and Consultation Services or to another agency. This procedure can help to eliminate the large backlog of cases which exist in many of the district offices and to prevent the building up of such backlogs in the future.

V. Role Descriptions

A. Role Description of the Coordinator of the Team

1. To be responsible administratively to the Director of the Special Education Branch for the team for its over-all operations.

2. To promote good working conditions and smooth-working inter-personal relationships among team members.

3. To serve as spokesman for the team in communications with Department of Education personnel, other agencies, and the public at large.

4. To plan the agenda and conduct staff meetings of the Child Study and Consultation team.

5. To make recommendations with regard to hiring and replacement of personnel on the team.

6. To conduct or supervise case conferences regarding children who have been referred, and help to recommend needed action.

7. To approve and coordinate work plans of team members.

8. To coordinate the purcase of diagnostic services from Children's Hospital and Straub Clinic for children who are referred on to these agencies.

9. To serve as a consultant to the districts with regard to problems involved with identification and diagnosis of children.

10. To recommend and/or innovate programs for the improvement of diagnostic programs within the State.

11. To recommend changes in policy or administrative practices with regard to matters of identification and diagnosis of children.

12. To plan or participate in workshops which are designed to provide in-service training for special education teachers and others, or to inform them about a multi-disciplinary approach to evaluation.

13. To be available as a speaker at PTA meetings or similar meetings to further an understanding of the need for improved diagnostic services in the schools.

14. To submit written reports to the Director of Special Education, the Superintendent, the Board of Education, and others with regard to the progress of the team.

B. Role Description of the Visiting Teacher (Social Worker)

1. Processing of referrals

a. To arrange for an intake interview with parents, either at home or at the CS&CS office.

b. To interpret reason for referral to parents.

c. To acknowledge to school the referral received and to inform of contact made with family.

d. To obtain parent's consent for disemination of information as needed.

e. To clear with other agencies on status of cases to prevent duplication of services.

2. Gathering data and pertinent information

   a. To obtain from parents necessary information such as developmental history, health, personality and behavior of child and family background.

   b. To obtain from school child's behavior and problems school history and other significant information that may be affecting his academic achievement and behavior.

   c. To obtain necessary medical and social data from family physician and agencies active with family.

   d. To obtain pertinent data from inactive agency that possess significant information.

   e. To gather necessary information to share with team and other agencies with the case.

3. Consultation and Interpretation

   a. To interpret to school, physician and agencies, services extened to family.

   b. To serve as consultant on referral received, with teachers and other school personnel.

   c. To bring about awareness of child's behavior problems to parents, and other agency workers.

   d. To participate in workshop.

   e. To participate in case conferences with schools, district and inter-agency personnel--and to react and contribute to their findings.

4. Coordination of services

   a. To collaborate and coordinate services of school, other agencies, family and physician in meeting the needs of the child.

   b. To relate child-family relationships to significant professionals.

   c. To present social summary for team evaluation and to react with team members re: disposition of cases.

5. Liason and Public Relations

   a. To publicize CS&CS through personal contact with and or through letters to doctors and community agencies.

   b. To act as liason person between family and clinic, family and school, family and agencies known to them.

   c. To arrange staffing with private physicians and clinic personnel, private and public agency workers as well as intra-school, intra-departmental staff.

   d. To confer with physicians re: referral and follow-up.

   e. To arrange for referral for specialized services as needed by family and child.

   f. To work cooperatively with other agency workers in obtaining and releasing pertinent information.

6. Casework Services

   a. To do intake and follow-up with parents and children.

   b. To orient parents to child's problems, team assessment and other services that may possibly be provided in meeting needs of child.

   c. To provide casework services in bringing about awareness of child's problems which interfere with his emotional and social adjustment, and thereby helping parents to cope with the problems.

   d. To make recommendations or suggestions in coping with problems.

   e. To interpret clinic or doctor's recommendations, tests to be given, etc.

   f. To counsel parents--individually or together depending on need.

   g. To arrange for transportation, when needed, through cooperative service with schools, agencies active with family, relatives.

7. Records and Reports

   a. To write up case histories for team and case conferences.

b. To keep a running record of each case worked upon.

c. To write up case conferences and follow-up reports to distinct office, and participants of conference.

C. Role Description of the Psychological Examiner

1. Gather data and other information by:

a. Reviewing cumulative folder for prior test scores, written teacher comments, health records, and other pertinent information.

b. Testing

1. intellectual - individual
2. personality-emotional
3. perceptual, language, achievement, etc.

c. Observing behavior during:

1. actual testing situation
2. classroom and recess periods

d. Interviewing with teachers and other school personnel.

e. Reviewing information contained on the Referral Form 29.

2. Provide consultive services by:

a. Training counselors, teachers and other school personnel in screening techniques.

b. Supervising and demonstrating screening techniques with the recommendations derived therefrom.

c. Conducting and/or being involved in case staffing conferences with other team members by:

1. presenting information and data gathered along with its interpretation.
2. helping make recommendations based on discussion and findings.

d. Conducting and/or being involved in parent-teacher conferences by providing appropriate and understandable interpretation of the findings and discussing the recommendations.

e. Planning or participating in workshops and inservice training programs.

3. Write reports and maintain records by:

a. Preparing and submitting psychological and other reports as needed and including the recommendations that grow out of case conferences.

b. Preparing and maintaining accurate records of team activities and services.

4. Follow-up by assisting teachers and/or other school personnel to implement recommendations by way of conducting:

a. Personal interviews.

b. Demonstrations.

c. Individual or group therapy and/or instructions with children.

D. Role Description of the Speech, Hearing, Language Specialist

1. Evaluation services

a. To make initial observations and assessments of child's behavior and performance in the areas of hearing, speech, and language.

b. To administer tests in the areas of hearing, speech, and language.

c. To gather additional information (regarding the child's hearing, speech and language performance) through conferences with school, district and agency personnel, review of school records and review of previous clinical tests and medical records.

2. Remediation services

a. To follow-up through district, school and agency personnel regarding cases with auditory, speech and language differences.

b. To work with other team members in planning remediation for cases with multiple handicaps.

3. Consultation services

   a. To participate in case staffings with team members.

   b. To participate in case conferences with district and school personnel.

   c. To participate in staffing with inter-agency personnel.

   d. To consult with teachers and other school personnel regarding remedial techniques and procedures for children with speech, hearing and language problems.

   e. To participate in workshops for school personnel.

   f. To consult with and assist district and school personnel regarding pilot screening programs.

4. Records and reports

   a. To prepare reports of hearing, speech, and language evaluations.

   b. To maintain records of evaluations, remediation plans and programs, and consultation recommendations.

   c. To share responsibility with other team members in writing of case conference reports.

E. Role Description of the Diagnostic Teacher

   1. Evaluation services

      a. To observe the child in the classroom setting.

      b. To confer with the teacher regarding the child's classroom performance and behavior.

      c. To review known data regarding the child from cumulative records and other available school information.

      d. To administer tests in the areas of visual perception, motor co-ordination and other areas associated with learning problems.

2. Remediation services

   a. To help the teacher develop a specific program of activities and techniques for the remediation of the child's areas of difficulty.

   b. To create and develop materials and exercises not otherwise available.

   c. To model for the teacher recommended techniques and use of materials with a particular child or group of children.

   d. To follow-up periodically with the child and teacher to determine the effectiveness of the program and materials recommended and to make any needed adjustments.

3. Consultation services

   a. To participate in case staffing with team members.

   b. To participate in case conferences with district and school personnel.

   c. To participate in case staffings with inter-agency personnel.

   d. To conduct and participate in in-service training for teachers and other school personnel including demonstration of materials and techniques.

   e. To recommend and/or provide professional books and materials.

   f. To help evaluate tests and screening devices for use in district screening programs.

   g. To assist with interpretation of screening test data and with recommendations derived therefrom.

4. Records and reports

   a. To prepare reports of educational assessments.

   b. To maintain records of evaluations, remedial plans and programs and consultation recommendations.

VI. Referral Procedures

Referrals to Child Study and Consultation Services come from the district offices rather than from individual schools. If the person initiating the referral at the school level wishes to recommend that Child Study do the evaluation, he may make a notation to that effect on Form 29 at the time he sends it to the district office. When the district staff specialist, special services receives the Form 29, he decides whether the evaluation should be made by (1) his own district staff, (2) Child Study and Consultation Services, or (3) some other public or private agency.

If the staff specialist elects to refer the child to Child Study and Consultation Services he attaches the one-page "Request for Evaluation" form (see attachment) to the form 29 and sends it, together with copies of previous psychological reports, medical information, or any other material which would be important to the evaluation, to the Special Education Services Center, 1712 South King Street, Honolulu, Hawaii. He should also send a signed parent consent form which will allow the evaluation to be made and confidential information to be received from and transmitted to other agencies involved in the case.

From time to time physicians or personnel from other agencies send referrals directly to Child Study and Consultation Services, not knowing that they should be directed through the office of the district in which the child resides. When this happens the request is returned to the person initiating the referral and he is asked to send it through the district office.

VII. Plans for the Future

In addition to the actual services rendered to children and to school personnel, the Child Study and Consultation Services team has established a model of a multi-disciplinary approach to identification and diagnosis which will be established throughout the State of Hawaii. Current plans call for one new diagnostic team to be established immediately in each of the seven districts of the state. Districts are also encouraged to organize existing special services personnel into teams. It is hoped that the diagnostic teams will prove their worth and become the common medium for identifying children with learning and/or adjustment problems, and that within the next five years there will be such a team in each complex of schools in the State.

During this interim period while diagnostic teams are being organized, members of the Child Study and Consultation team will assist in orienting their counterparts on the new teams to their roles in a multi-disciplinary team approach and provide supervision. But after such teams are established and fully operational, the role of the State team will change in one of the following ways:

1. Child Study and Consultation Services may remain as a psycho-educational clinic within the Department of Education and be strengthened with other components which are now lacking--e.g., medical, psychiatric, and neurological evaluation. It is possible that it would merge with other agencies such as the Learning Disabilities Clinic of the Department of Health or other agencies within the Department of Health or Department of Social Services.

2. State team members may become educational officers to provide supervision of complex teams and consultation to district personnel.

3. The State team may be dissolved and its personnel assimilated into complex teams.

VIII. Qualifications for Diagnostic Team Members

A. Team Coordinator

Coordination of the diagnostic team of Child Study and Consultation Services has been one of the duties of the State Educational Psychologist. The new teams will be administered by district personnel as assigned by the District Superintendent. They may call upon Child Study and Consultation Services for help in implementation of the teams and training of team personnel. Each team should also have one of its members designated as team leader. Selection of the leader should be based on seniority and qualities of leadership ability.

B. Qualifications of the Visiting Teacher (Social Worker)

1. A professional teacher's certificate.

2. At least a social work certificate (one year of graduate study in a School of Social Work).

3. A minimum of three years of social work experience.

4. Preference to candidates with three years of teaching experience or its equivalent.

Ability to coordinate school, family and community agency work as well as to perform in liaison capacity with school, agency and physicians, and to work for public relations.

Must have an outgoing sincere personality, be empathetic understanding and yet have firmness not only to develop confidence but also to offer direction to parents.

Must be a secure self confident person, resourceful, knowledgeable of the school organization and community agencies and aware of the cultural background of the community to be able to interpret, interact and present vital information of client and our agency's functions to physicians, community agency workers and others concerned.

Must have an open mind, be flexible and have the ability to work as a team member.

C. Qualifications of the School Psychologist

1. A master's degree in psychology or school psychology.

2. An academic program which includes work in the following areas: developmental psychology, human learning, tests and measurements, individual intelligence testing, projective techniques, assessment of handicapped children, group processes, personality theory or abnormal psychology, and individual and group counseling.

3. Successful completion of a practicum or internship in school psychology taken from an institution which grants a master's degree in school psychology.

4. Personality and temperament suited to working with children, with teachers and other school personnel, and with other team members.

D. Qualifications of the Speech-Hearing-Language Specialist

1. Master s degree in Speech and Hearing.

2. Certificate of Clinical Competence.

3. 3 years experience in the field of speech-hearing--part of which should be in an educational setting.

4. Training and experience in the areas of language assessment and the remediation of language problems are desirable.

Candidate should be able to work cooperatively in a team setting. He should be able to relate well to children, teachers, and people in general.

E. Qualifications of the Diagnostic Teacher

1. A professional teaching credential endorsed for special education.

2. A minimum of five years of successful teaching experience, preferably with some of this experience in special education programs.

3. Graduate work training in various areas of special education.

4. Background in related fields such as psychology or speech therapy would be very helpful.

5. A mature well adjusted person who can sense situations and adjust to them.

6. The ability to remain objective, yet extrude warmth and confidence.

7. The ability to adjust recommendations to specific teachers and children.

8. The ability to be flexible and creative and adapt materials and techniques to specific situations.

9. The ability to understand the relationship between clinical diagnosis and educational planning, and to apply this knowledge to remedial instruction.

State of Hawaii
Department of Education
CHILD STUDY AND CONSULTATION SERVICES
Honolulu, Hawaii

REQUEST FOR EVALUATION

Note: This form is a supplement to Form 29 and should be attached to it. If a Form 29 is not already available, please have the child's teacher (or other appropriate person) complete one.

Child's Name: _____ **Birthdate:** _____

Test Data: Please summarize briefly any testing which has been done recently and which is not shown on Form 29.

Behavior Description: Please add any comments not included on Form 29. Indicate any recent changes in the child's behavior.

Has this child been referred for any special services? If so, indicate when and to whom.

How do you think the diagnostic team at the Child Study and Consultation Services can best help with this problem?

Comments:

Date: _____ **Signature:** _____

Please mail to: Child Study and Consultation Services
Special Education Services Center
1712 S. King Street
Honolulu, Hawaii 96314